



New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101
(973) 504-6370



**Instructions to Apply for Registration
as an International Labor Matching Organization
or as an International Matchmaking Organization**

Please print clearly and answer all of the questions. Your application will not be processed until all of the questions have been answered, all of the required documents have been attached and the required fees for the criminal history record background check and the registration fee have been received by the Division.

A. Question No. 1

List the name of your business. This will be the name that appears on your registration. If you are doing business under your own name, list your full legal name. For example, "John Doe."

If you are doing business under a fictitious name, print your business name as it appears on your Trade Name Certificate. (You must attach your Trade Name Certificate to the application.)

B. Question No. 2

Attach a copy of the formation documents if the business is a **corporation** (certificate of incorporation), a **limited liability company** (L.L.C.) (certificate of registration), a **limited liability partnership** (L.L.P.) (certificate of limited partnership) or a general partnership (a partnership statement if one was filed).

If you are an out-of-state corporation, L.L.C. or L.L.P., you must also attach a New Jersey Certificate of Authority, or a certificate of registration, as the case may be, which can be obtained by calling the New Jersey Department of the Treasury at 609-292-9292 or by applying online at www.state.nj.us/njbgs.

C. Question No. 6(a)

If you are a sole proprietor and answer "Yes" to question 6(a), the business's registration will be denied until you have provided the Division with a written release issued by the lenders or guarantors, stating that you have cured the default or are making payments on the loan in accordance with a repayment agreement approved by the lender or guarantor.

D. Question No. 6(b)

If you are a sole proprietor and answer "Yes" to question 6(b), the business's registration will be denied until you have submitted a certification from the court or the Probation Division that the conditions that resulted in the denial have been satisfied.

E. Question No. 6(c)

If you are a sole proprietor but not a U.S. citizen, submit a legible copy of your immigration documents.

F. Question No. 8

Attach a completed Certification and Authorization form for each owner and employee named in the application for the initiation of a criminal history record background check. A separate completed form must be submitted for each owner and employee.

G. Question No. 9

Provide the name of the business as well as the name, title and signature of the individual completing the application, and be sure to provide the date.



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**Application for Registration as an
International Labor Matching Organization
or as an International Matchmaking Organization**

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA) (N.J.S.A. 47:1A-1 et seq.).

Your application will not be processed until all of the questions have been answered and all of the required documents and the registration fee have been received by the Division.

Please print clearly.

1. Business name: _____

Street address of principal business office:

_____	_____	_____	_____	_____
Street address	City	State	ZIP code	Country

Telephone number: _____ (include area code) Fax number: _____ (include area code)

E-mail address: _____

Type of business registration:

- ☐ International Labor Matching Organization
- ☐ International Matchmaking Organization
- ☐ Both

2. Indicate the type of business:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership

Attach a certified copy of the formation documents (except partnerships, if no agreement has been filed, or sole proprietorships). (*See the instructions.*)

If the business is located in another state or jurisdiction, attach a New Jersey Certificate of Authority (corporation or L.L.C.) or a certificate of registration (L.L.P.).

3. List the full name, residence address (no post office boxes), residence phone number of every owner, and every person who will be an owner, with an ownership interest of 10% or more in the business, and be sure to indicate each owner's percentage of ownership. *(Use additional sheets of paper, if necessary.)*

a. Name: _____ Title: _____

Residence address: _____
Street address City State ZIP code Country

Residence telephone number: _____ *(include area code)*

You must indicate the Percentage of Ownership _____ %

b. Name: _____ Title: _____

Residence address: _____
Street address City State ZIP code Country

Residence telephone number: _____ *(include area code)*

You must indicate the Percentage of Ownership _____ %

c. Name: _____ Title: _____

Residence address: _____
Street address City State ZIP code Country

Residence telephone number: _____ *(include area code)*

You must indicate the Percentage of Ownership _____ %

4. List the name and residence address of every employee. *(Use additional sheets of paper, if necessary.)*

a. Employee name: _____

Residence address: _____
Street address City State ZIP code Country

Residence telephone number: _____ *(include area code)*

b. Employee name: _____

Residence address: _____
Street address City State ZIP code Country

Residence telephone number: _____ *(include area code)*

c. Employee name: _____

Residence address: _____
Street address City State ZIP code Country

Residence telephone number: _____ *(include area code)*

5. List the name and business address of a designated agent in New Jersey for service of process.

Designated agent's name: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ (include area code)

6. Complete questions 6(a), 6(b) and 6(c) **only** if the business is a sole proprietorship.

6(a). Is the sole proprietor in default of a New Jersey or federal direct or guaranteed educational loan? ☐ Yes ☐ No
If "Yes," see the instructions.

6(b). Is the sole proprietor the subject of a child-support warrant or has he/she failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child-support proceeding? If "Yes," see the instructions.

☐ Yes ☐ No

6(c). Check the appropriate box that indicates the sole proprietor's citizenship/immigration status.

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other

7. Provide the business's Federal Employer Identification Number, and if it is a sole proprietorship, provide your Social Security number.

7(a). Federal Employer Identification Number (FEIN): _____ - _____

7(b). Social Security number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Office of Consumer Protection is required to obtain your Social Security number. Pursuant to these authorities, the Office of Consumer Protection is also obligated to provide your Social Security number to:

- the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- the Probation Division or any other agency responsible for child-support enforcement, upon request.

8. Have you attached a completed Certification and Authorization form for each owner and employee named in the application for the initiation of a criminal history record background check? (*A separate signed consent form is required for each owner and employee.*)

Certification

I certify that all of the information provided in connection with this application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient to deny registration, or to suspend or revoke a registration issued by the Division of Consumer Affairs.

Business name of applicant: _____

Applicant's name: _____ Applicant's title: _____

Date: _____ Applicant's signature: _____

The applicant **must** submit the following:

- A completed application;
- The registration fee in the amount of \$100.00 made payable to the "New Jersey Division of Consumer Affairs";
- A completed written Consent and Authorization form for the criminal history background check for **every** owner and employee named in the application (a separate fee for each individual);
- A check or money order for the fee to pay for the criminal history background check (a separate fee for each individual), and
- The required business formation documentation.